



Maricopa County

Air Quality Department

Mail or E-mail all Applications to:
MCAQD One Stop Shop
Permit Application Intake
501 N. 44th Street, 2nd Floor
Phoenix AZ 85008-6538
AQPermits@mail.maricopa.gov

AIR PERMIT CANCELLATION / CLOSE OUT REQUEST

(NOT TO BE USED FOR DUST CONTROL PERMITS)

INSTRUCTIONS

Use this form to close out a current stationary source (General, Non-Title V or Title V) air quality permit. Submit the completed application request to the Maricopa County Air Quality Department. Complete the application by typing or printing legibly. All outstanding fees must be paid by the Permittee in full prior to cancellation of the permit.

Respond to each of the following items. Attach additional documents where required.

1. PERMIT NUMBER:			EFFECTIVE DATE OF CLOSURE:		
2. BUSINESS NAME AND ADDRESS :	NAME:				
	ADDRESS:				
	CITY:		AZ	ZIP CODE:	
3. PERMIT CONTACT:	NAME:				
	ADDRESS:				
	CITY:		STATE:		ZIP CODE:
TELEPHONE NUMBER :			E-MAIL:		
4. REASON FOR CLOSE OUT:					
<input type="checkbox"/> OUT OF BUSINESS <input type="checkbox"/> ALL PERMITTED EQUIPMENT PERMANENTLY DISCONNECTED / REMOVED FROM SITE					
<input type="checkbox"/> NEW OWNER NEW OWNER NAME: <input type="text"/> PERMIT #: <input type="text"/>					
<input type="checkbox"/> OTHER/SPECIFY: <input type="text"/>					
5. Submit payment of any fees due, or past due, to MCAQD before the approval of the permit close out. For questions regarding billing, call One Stop Shop at (602) 372-1071.					

CERTIFICATION BY THE PERMIT HOLDER:

6. THE AUTHORIZED CONTACT PERSON REGARDING THIS APPLICATION IS:	
NAME:	<input type="text"/>
TITLE:	<input type="text"/>
7. I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION AND ACCOMPANYING DOCUMENTS IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	
SIGNATURE OF OWNER OR RESPONSIBLE OFFICIAL OF BUSINESS:	<input type="text"/>
DATE:	<input type="text"/>